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Wellness for One, Healthy Community for All: Improving a Multidimensional University

Wellness Program

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Fieldwork 2 and Capstone

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August 9, 2019

Abstract

Background: Evidence suggests that college students are often unaware of the seven dimensions of wellness (Social, emotional, environmental, financial, physical, intellectual, and spiritual). According to interviews, most students think of physical wellness only when it comes to wellness. Besides the dimensions of wellness, students have shown to gain substantial benefits from increasing their knowledge of school resources regarding personal health.

Methods: This was a quality improvement project for the Wellness Matters Program that encompassed a Plan, Do, Study, Act cycle. The goal was to improve the program by adding a comprehensive educational workshop and optimizing the one-on-one sessions. Pilot tests for the workshops and one-on-one sessions were conducted for effectiveness and educational knowledge learned and retained in each format. Measures utilized were feedback from surveys distributed to participants.

Results: The results indicated that graduate students were more receptive to wellness workshops and undergraduate students were more receptive to one-on-one sessions. Additionally, students were receptive to each wellness education distribution method. The overall numerical rating for workshop effectiveness was 4.7 out of 5 (94%) and the effectiveness of the one-on-one sessions was 100% of those surveyed. 5 out of 6 students (83%) did not utilize the optional follow up sessions, which they could partake in if they felt they needed further guidance or previous session was insufficient for their personal wellness improvements.

Conclusions: The individuals who attended the Workshops were mostly Graduate students and faculty/staff which were recruited by social media, email, tabling, and personal communication. In previous research, workshops were highly effective for educating students on specific health

topics. Limitations included timing of workshops, availability of rooms, to run workshops, and student availability.

Wellness for One, Healthy Community for All: Improving a
Multidimensional University Wellness Program

Introduction

College students are often unaware of the aspects of the seven dimensions of wellness or how to improve their different dimensions of wellness (Emotional, Physical, Environmental, Financial, Intellectual, Spiritual, and Social). When college students think about wellness, they commonly think only of physical wellness (de Vivar, 2019). If one area of a student's wellness is low, then the other dimensions tend to decrease, eventually leading to a student's complete loss of wellness, or burnout. Various health promotion strategies such as health coaching, outreach, and workshops are known to improve student knowledge and wellness outcomes (de Vivar, 2019).

Background

The Health Promotion Services Wellness Matters Program wants to attain improvement in promoting knowledge of the seven dimensions of wellness among undergraduate and graduate students. USF Health Promotion Services (HPS) currently has a wellness survey, tabling events with massage tables, and one-on-one wellness coaching sessions. However, these methods appear to be ineffective. In the past, HPS has seen a lack of students attending one-on-one sessions or completing the wellness survey. The current program only has a Wellness survey, which many students do not complete. To implement this project, Project Coordinator will conduct a needs assessment. Next, the project director became BACCHUS initiatives of NASPA Peer Education certified, to run the one-on-one "Seven Dimensions of Wellness" sessions, and

recruited students to attend workshops on integrating the dimensions of wellness into their daily lives. Lastly, the project director will be implementing quality improvement measures to determine if the program changes are effective.

The Dimensions of Wellness

Defining the Dimensions of Wellness

The seven dimensions of wellness are interconnected with students' health (Garcia, 2015). The dimensions of wellness are:

Environmental- When an individual feels safe in the environment they are currently placed in. This can range from being out of range of dangerous health behaviors by other people that can impact them, or being out of harm's way from physical threats.

Spiritual- This can range from an individual understanding their "higher purpose", to being connected to their religious beliefs.

Social- This dimension is about an individual's level and satisfaction with their social activity.

Emotional- This dimension of wellness is about an individual's psychological well-being.

Financial- This dimension reflects an individual's financial wellbeing, knowledge of financial resources, and ability to develop and implement a personal budget.

Physical- This dimension reflects an individual's personal physical health. This can range from diet/nutrition, exercise, and sleep habits.

Intellectual- This dimension reflects an individual's satisfaction with their education. This dimension is especially important to the university setting as intellectual wellness is a University's top priority.

Carla Garcia DNP's fact sheet article (2015) describes the eight dimensions of wellness, and how they can be used in programs. The fact sheet examined the different uses for the eight dimensions of wellness and social and health problems that impact the dimensions of wellness such as accessibility to quality healthcare (physical, social, financial and emotional wellness), substance use (all dimensions of wellness), medication side effects (physical, emotional, financial, social, and environmental wellness), obesity (social, physical, emotional, and financial wellness), tobacco use (all dimensions of wellness), and poverty, social isolation and trauma (all dimensions of wellness).



Image retrieved from: <http://studentlife.bresciablog.com/2016/11/16/the-wellness-wheel/>

For individuals with mental health and substance use conditions, wellness is the presence of sense of being, satisfaction of work and recreation, emotional stability, healthy body, and

living environment instead of considering wellness as the absence of disease, stress, or illness, Garcia, 2015). Essentially, the reason why it is important for students to be educated on the dimensions of wellness is because there is more to wellness than physical wellness. An individual's wellness can be compromised by specific internal and external factors and can lead to all dimensions of wellness becoming impaired.

Each dimension of wellness can easily become impacted by the others. A study by Harkins and colleagues' (2016) examined biopsychosocial (Biological, Psychological and Social) factors on student wellness and academics. Body mass index (BMI), cortisol, glucose levels, cholesterol levels, sleep, body image, quality of life, physical activity levels, GPA, ACT/SAT scores, and PSAT scores were examined. The participants were 243 adolescent females from an all-female private high school (Harkins et al, 2016). The results indicated that students with higher cholesterol, lower fitness levels, body image, poor quality of life, and worse sleep have worse academic standing while students with high levels of physical activity, and positive body image, are more academically successful. Additional results indicated that students' higher non-HDL demonstrated lower academic achievement, poorer quality of life, less positive body image, and less sleep (Harkins et al, 2016). Essentially, it appears that students who have greater levels of physical and emotional wellness have higher levels of intellectual wellness, indicating that each dimension of wellness has significant impact on each other.

Further evidence indicates that each dimension of wellness is impacted by other dimensions of wellness, even at the biological psychological and social levels (define for reader). An additional study by Harkin and colleagues, (2016) examined student wellness, and biopsychological factors. The factors measured were similar to the study mentioned above, but the primary focus of this study was to focus on the physical and psychological factors only,

without the academic factors. Like the previous study, the participants of this study were all female and recruited from a college prep high school. The results indicated that lack of sleep directly impacted student physical, social, and emotional wellness while total quality of life was significantly below national guideline levels for healthy youth populations (Harkin et al, 2016). Essentially, if people (especially adolescents) do not get enough sleep, then they will experience biopsychological effects, which translates to impacted emotional and physical wellness.

Emotional, social, and intellectual wellness connections. The dimension of emotional wellness is important to address because it can be forgotten or misunderstood, with few knowing how to properly improve their emotional wellness. Conley, Travers, and Bryant (2013)'s study focused on the benefits of implementing an emotional wellness program in a university setting. The program focused on the topics of adjustment, stress management, emotional wellness, and decreasing emotional distress. The study was done over an 8-month period and utilized a quasi-experimental design. The participants in the study were college freshmen that were just adjusting to college. The intervention consisted of psychosocial and stress management interventions taught by a clinical psychologist. Students were first made aware of coping skills, mindfulness, emotional wellness, and stress management, then they were divided into groups to discuss their "cognitive distortions" and practice their newly attained skills for addressing and coping with stress and adjustment (Conley, Travers, & Bryant, 2013). The participants that attended the seminar unrelated to mental health showed no differences at the beginning, but when they attended the mental health workshops, they reported significantly greater perceived improvements over the course of the intervention, in psychosocial adjustment and stress management (Conley, Travers, & Bryant, 2013). The results indicated that utilizing these workshops reduces stress in college students as well as promoting emotional wellness.

Essentially, this study shows that a program aimed at focusing on student wellness workshops is effective for promoting wellness education among students.

Physical, emotional, environmental, and social wellness connections. Knowledge of the dimensions of wellness can have an impact on risky behaviors. Mareno (2009)'s thesis examined the dimensions of wellness and health risk behavior of college students on a health promotion level. Some of these "risky behaviors" included eating behavior, alcohol consumption, drug use, and sleep patterns. Early identification of risky health behaviors allows for schools to properly design effective campus health interventions. Unresolved health behaviors during college can have a lasting effect on individuals' future health and disease contractions (Mareno, 2009). The specific risk behaviors were targeted through a wellness intervention of the seven dimensions of wellness. Additionally, BMI and wellness were observed in this study. The results indicated that there was no correlation between BMI and wellness, but with risky behaviors, there were correlates with wellness. Additionally, many of the students were discovered to not consume adequate amounts of fruits, vegetables, and grains. This result shows that there are correlates between wellness and risky behaviors. Higher levels of risky behaviors are correlated with lower levels of wellness.

Financial, physical, and social wellness connections. Financial wellness is an extremely important aspect of wellness that most students can identify as one of the top areas of wellness that needs to be worked on. Nelson and colleagues (2008) study examined correlations between credit card debt, stress, and health risk behaviors. Additional factors tested were obesity, substance use, and binge drinking. A total of 3,206 undergraduate and graduate students participated in the study. The results indicated that credit card debt, health risk behaviors, and stress are correlated. A vast majority of the students reported that they had attained at least \$1000

in credit card debt (Nelson et al, 2008). Additionally, the students that had attained \$1000 in credit card debt exhibited the most risk behaviors. This indicates that stress, health related risk behaviors, and excessive credit card debt are all correlated with each other. This also shows how all seven dimensions of wellness are impacted by each other. This is important because it shows students how each dimension of wellness is correlated with each other.

Interventions. Providing students information on wellness is extremely important so individuals can have a higher chance at recovering from or preventing the onset of psychiatric illness. Hutchinson's (2011) paper examines a recovery education and wellness program that focuses on recovery from psychiatric illnesses. The paper explains the importance of the readiness to change theory, health promotion, and psychiatric rehabilitation processes in wellness programs. Hutchinson (2011) talks about how there are significant comorbidities in mental and physical health such as Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS), Diabetes, and Hypertension with other mental health conditions. In the wellness program, the eight dimensions are covered (Emotional, Social, Physical, Spiritual, Financial, Intellectual, and Environmental), and how it could be implemented into a course that "integrates mind-body-spirit" (Hutchinson, 2011). Additionally, focusing on the dimensions of wellness can help individuals cope with psychiatric illness by placing focus on different dimensions.

Utilizing Workshops as a Way to Educate Students

Wellness coaching is an important part of facilitating workshops. Hackshaw and colleagues' (2016) study examined wellness coaching with fibromyalgia patients on quality of life. The patients attended workshops on self-coaching strategies for 6 weeks. The methods of health coaching were delivered via phone first, and then in person. The health coaches were

“health professionals trained in health and wellness coaching tasks, knowledge, and skills” (Hackshaw et al, 2016).

The participants attended health coaching sessions and workshops on self-coaching strategies (Hackshaw et al, 2016). There was a total of 9 participants and all 9 successfully completed the workshops. There was a questionnaire to measure the participants’ quality of life before and after the workshops. The results indicated that there was an improvement in quality of life, and that utilization of healthcare resources significantly decreased by 86% (Hackshaw et al, 2016). Ultimately, having health coaching workshops is an important step to improving health education outcomes because this is evidence that health coaching workshops are extremely effective.

Effective Workshop Methods

While determining what education delivery method to utilize, it is important to know which method is most effective. Hager and colleagues’ (2012) program focused on examining a course in dietary and physical health behaviors delivered in person and online over the span of 15 weeks. The purpose of this program was to determine the best methods for health education delivery, so that students could have the best understanding of how to properly take care of themselves. Additionally, the authors say that because many college students live away from home for the first time and are establishing patterns that may persist throughout their adult lives, the college experience presents an ideal time to promote a healthy lifestyle and possibly reduce the risk for chronic disease later on in life (Hager et al, 2012). The participants were freshmen and sophomore students who were mostly female. Some enrolled in the health and wellness classes online and others enrolled in in-person wellness classes. The content of each class was very similar. Common topics covered in these courses included wellness, physical fitness,

substance abuse, first aid, stress management, and weight management (Hager et al, 2012). The result indicated that the in-person course was significantly more effective than the online course. Because the results of this program indicated that in person delivery appears to be significantly superior to online delivery, it would be in the project coordinator's best interest to utilize an in-person method of workshop delivery for my wellness workshops as opposed to an online method.

Wellness impacts students of all different socioeconomic backgrounds. Morris-Paxton, Van Lingen, and Elkonin's (2017) program was designed to educate first year socioeconomically disadvantaged students on wellness. The goal of this program was to "assess the value students placed on health information and wellness priorities" (Morris-Paxton, Van Lingen, & Elkonin, 2017).

The students experienced workshops on nutrition and wellness. Prior to the wellness and nutrition education the students received, preliminary results indicated that students of a lower socioeconomic status did not place much value on wellness. The results indicated that not only did the students attain greater knowledge of wellness and nutrition after attending the workshops, but they placed more value on wellness after they went through the workshop. This indicates that individuals who currently do not place a high value on wellness may place more value on wellness after going to a workshop.

Health Outreach and Coaching in a University Setting

Health promotion is an important part of getting students to go to wellness workshops. Crawford's (2018) article talks about a workshop on wellness and health promotion in a university setting. The goal of this workshop was to examine the impacts of applying wellness and nutrition education in a workplace setting. The satellite university selected to participate in

this study had a history of having low physical activity. The Doctor of Nursing Practice (DNP) project was planned to improve health behaviors in a university location (Crawford, 2018). The lasted for 10 weeks, and consisted of nutrition education, and walking. Additionally, the participants' heart scores were measured. While the results did not indicate any change in the participants' heart scores, the results indicated that there was an improvement in the participant's health behaviors in the areas of weekly activity levels, fruit and vegetable intake, and reduction in sugary beverage intake. Essentially, this workshop helped facilitate behavior change even though health changes did not occur immediately.

Health promotion is an important part of providing wellness workshops. Hill-Mey and colleagues (2013) study explores university employee perceptions and understanding about its Worksite Health Promotion Program. The program focused on on-campus health programs and facilities, Health Risk Appraisal, and Health Coaching. The study design included focus groups with 6-8 participants each, over two 2-week period among different types of employees at the university (Hill-Mey et al, 2013). One of the processes of this study was biometric screening.

The results indicated that while participants did not completely understand the Worksite health promotion program, result, the participants' knowledge of Health Risk Appraisal significantly increased and motivated participation in the program. An additional result indicated that when the participants were educated on health risk factors, and received screening. The students were receptive to the educational training in the program, as this study result shows that if properly designed, a program can be implemented well, and many people can acquire new knowledge. However, if a program workshop is not designed in an effective way, then it may not have a significant impact on the participants. This is why workshops always need to be pilot tested.

Current Project

Essentially, knowledge of the dimensions of wellness, in-person workshops, content, methods, and recruitment are all important factors in implementing a wellness workshop for students, faculty, and staff. The research above indicates that each dimension of wellness is connected with each other and knowing more about these dimensions can improve the wellbeing of the individuals.

University of San Francisco Health Promotion Services Agency Profile**Introduction**

The name of the organization the fieldwork project that was completed at was University of San Francisco Health Promotion Services (HPS). The organization's mission is offering "a variety of services and opportunities dedicated to promoting the health and wellness of the USF student body, and fostering a vibrant and safe campus community for student success" (University of San Francisco Health Promotion Services, 2019). Some of the services that Health Promotion Services offers include providing outreach, student health clinic, immunization information, insurance information, nutrition education appointments, and a program called "Think About It" which encompasses education to students on sexual harassment, violence, and assault. In addition to all the programs Health Promotion Services (HPS) provides, it also offers a volunteer program called Health Outreach Team (H.O.T.). The H.O.T. is a group of student volunteers that are involved in health promotion around campus. Health promotion events are held on campus and some of them have recurring themes. A significant part of health promotion is communicable disease prevention. This is why these programs exist. An example of this is the body positivity pledge. This is a simple task that students can do to remind themselves to love their bodies and not worry about their shape, size, weight, or height.

History

The history of health promotion services started in 2003, when students had to go to Saint Mary's medical center for healthcare needs. Additionally, students' immunization records were stored at Saint Mary's medical center with no convenient way to access them. HPS had only one staff member at this time. This all changed at the end of 2003 when HPS was re-evaluated. After the evaluation, an additional staff member was hired to help address "many of the complaints students had about the health services provided at Saint Mary's Medical Center, and to help manage the voluntary insurance program" (University of San Francisco Health Promotion Services, 2019).

In 2007, HPS was not only in charge of student insurance, it was also in charge of developing and implementing a program to significantly reduce smoking on campus. During this time, Health Promotion Services made additional efforts to communicate to students about communicable diseases that could easily impact the campus community such as Avian flu, Swine flu, and other health concerns. Health Promotion Services developed various health promotion events such as a health fair, Stress Less Day, World AIDS Day and Alcohol Awareness Day. In addition to this, health promotion services started providing tabling workshops covering topics such as healthy body image, stop smoking, nutrition, and wellness services.

Since 2013, Health Promotion Services has started processing student immunization records. Processing immunization records is a core task of health promotion services. In 2013, there was a significant increase in student admission, and to compensate for the student population increase, Health Promotion Services hired a part time health educator. By 2015, the health educator became full time staff to provide nutrition education to students and to manage the "Think About It" program. Health Promotion Services is funded by five different budgets.

The budgets are: The Health Promotion Services Operating Budget, Health Clinic Auxiliary Budget, a restricted account, CYAN (Smoking cessation) grant, and University of San Francisco.

In 2014, health promotion services started requiring students to have health insurance in response to the Affordable Care Act. Students used to be required to provide proof of insurance or sign up to the school health insurance plan. As of 2017, students received the option to waive the health insurance plan. Currently, there are three full time Health Promotion Services staff members who focus on providing wellness services, health outreach, and health coaching to the campus community.

The project coordinator took on many tasks at Health Promotion Services. They assisted with tabling all “Wellness Matters” events, participated in BACCHUS-NASPA Initiatives health coach training, and conducted one-on-one sessions with students on the seven dimensions of wellness. This also tied into the project, where the project coordinator focused on making changes to an existing program for the “Wellness Matters” program.

Methods

Objectives. The goal of this project is to successfully increase students’ awareness of the dimensions of wellness by educating them on each dimension and how it impacts their wellbeing. This is important because there are correlations between knowledge of the dimensions of wellness and increased physical and mental health (Morris-Paxton et al., 2017) and students don’t become aware of the dimensions of wellness until they are educated on the topic (Mareno, 2009).

Study Design. The project design was quality improvement, and was on a continuous scale that measures the improvement progress of improvement in the Wellness Matters Program workshops and one-on-one sessions. Quality improvement is defined as “a formal approach to

the analysis of performance, and systemic efforts to improve it” (Institute for Healthcare Improvement, 2009). The project utilized three PDSA (Plan, Do, Study, Act) cycles into continuous quality improvement. PDSA cycles were defined as “planning a change, testing it, observing the results, and acting on what is learned” (Institute for Healthcare Improvement, 2009). The specific PDSA cycles in this project are the following:

1. Interviews (Plan/ PDSA 1)- A residential director was interviewed to conduct a needs assessment to determine which dimensions of wellness needed improvement.
2. Pilot test (Do/ PDSA 2)- This showed the first round of the curriculum and implementation of the workshop. This was the first time students had gone to the workshop and gave feedback on the curriculum and the activities in the workshop.
3. Curriculum finalization and feedback (Study/ PDSA 3)- The second PDSA cycle was after I had made changes to the curriculum of my workshop. My preceptor and a faculty member attended this workshop to evaluate my methods of content delivery and curriculum.
4. Final implementation (Act/ PDSA 4)- In the last round, it was noted that students had difficulty signing up for the last workshop. This time, a poll was sent to students to determine the most accommodating dates and times to hold wellness workshops. After the poll was sent out, students responded to the days and times they were available to attend the wellness workshop. After the poll closed, the final workshop date was determined.

Participants. The participants are undergraduate and graduate students, faculty, and staff at USF that visited tabling events, were recruited by word of mouth, were invited via social media, or received announcements in class, Canvas, and emails. Participants were asked to fill out a poll to determine the day and time for the final workshop. The majority of participants in the workshops were graduate students (66%), followed by staff and faculty (22%), and

undergraduate students (11%). The majority of participants that participated in the one-on-one sessions were undergraduate students (85%) with graduate students making up 16%.

Procedures.

Workshop content. The facilitator of the workshop was a BACCHUS/NASPA certified peer educator and the coordinator of this project at the school's Health Promotion Services. The content of the workshops consisted of educating students on the 7 dimensions of wellness, defining each dimension, and how to improve each dimension. Going through each dimension is done using a spinning wheel with listed dimensions on it. Students were educated on resources on campus to improve specific dimensions of wellness such as Counseling and Psychological Services (CAPS), Koret Recreation Center (on-campus gym), joining student organizations, and Health Promotion Services one-on-one financial wellness. After going through all the dimensions of wellness and talking about resources to improve each dimension, students participated in a dimensions of wellness coloring activity where they colored in what they thought were their highest and lowest dimensions of wellness. After students colored in each dimension, they were asked to share what they learned from coloring the dimensions of wellness. At the end, the facilitator asked students for feedback and distributed surveys. In comparison to the one-on-one sessions, the workshops were meant to educate students on the dimensions of wellness rather than specific wellness related behavior change (like in the one-on-one sessions).

One-on-one sessions. The content of the one-on-one sessions involved having students come in and taking a survey on the dimensions of wellness that is on the Health Promotion Services "Wellness matters" page. After the student completes the survey, the peer educator goes over the results with them. They then collaborate on SMART (Specific, Measurable, Achievable,

Relevant and Time-oriented) goals based on the behavior they would like to change. During the process of developing SMART goals, the peer educator learns more about the student's motives to change the specific behavior. The peer educator also utilizes the process of motivational interviewing to help elicit behavior change. After the peer educator and student collaborate on developing these goals, the student decides what to do next; they can follow up to see how their behavior change progress is going, or try to change their behaviors on their own. Workshops, which only address the education dimension of wellness, are tailored to meet the needs of the specific student. With the combination of wellness workshops and one-on-one sessions, students have opportunities to become educated on the dimensions of wellness.

Interviews

There were interviews conducted by the project coordinator that examined the wellness needs of the student population. The individual interviewed was a resident director for students living on campus. They said that the dimension of wellness that needed the most improvement was "social wellness because 81% of students feel like they haven't received much social interaction on campus or made any friends." (Appendix C) Students have significant difficulty developing social relationships on campus because many people commute and simply go to class and go home. Another dimension of wellness noted that the resident director mentioned was financial wellness because students have difficulty adjusting to the financial hardships of college.

Data collection procedures.

Recruitment. The goal was to recruit at least 5 participants to participate in three workshops. The pilot test was done on April 2nd, and three students participated. The students were both undergraduate and graduate level, and faculty and staff participated. The specific

students that attended the pilot test were all recruited by word of mouth. No students attended the second workshop but a poll and emails were sent to students, staff, and faculty to help plan the date, time, and location of the third and final workshop. This was an important method of recruitment because it potentially increased the number of students that participated in the workshops.

Measures. Feedback Surveys were distributed to students that attended workshops in order to assess satisfaction with workshops in the areas of attained information on wellness, and to see what they learned from the workshop. The feedback questions were open-ended and asked students, staff, and faculty what they liked in the workshops, what needed improvement, and what they learned (Appendix B). A specific curriculum was developed in a way that encompassed evidence based practices such as the wellness workshop evaluation surveys that were distributed to students, faculty, and staff for data collection and quality improvement purposes.

Data analysis. The data was qualitatively analyzed because the responses to feedback were open-ended. Additionally, The data obtained from the one-on-one sessions is feedback based. However, the data collection of how many people attended workshops and academic year is quantitative based. As a result, qualitative methods were utilized for data analysis but quantitative analyses were also used.

Results

Participants and demographics. There was a total of 9 participants that attended the workshop. Of the 9 participants, 3 were staff/faculty, 5 were graduate students, and 1 was an undergraduate student.

Data analysis. Qualitative and quantitative methods were utilized in this quality improvement project and data was analyzed on Microsoft Excel.

Qualitative analysis. The qualitative analysis was done by examining the open-ended feedback given by students, staff, and faculty after the workshop. From the dataset, different pieces of feedback were examined for common structural and emergent themes. The structural themes of the data were grouped by question (Q). Q1's themes were dimensions of wellness and the wellness wheel, Q2's themes were better knowledge and education of wellness, Q3's themes were the wellness wheel, connecting with others, and reflection, Q4's themes were more resources/ more examples, and no feedback/ nothing needs improvement, and Q5's themes were "Great job!", and "No feedback/ nothing needs improvement" (Appendix A).

Structural Themes.

Participant	Q1	Q2	Q3	Q4	Q5
	What information did you find useful in this workshop?	How would you use the information presented to support your friends?	What activity did you find most useful in the workshop?	Do you have any suggestions or recommendations to improve the workshop?	Other comments

P1	The wellness wheel	To help them know what level they are at in their wellness wheel	The wheel	The workshop is well organized and I feel more time be given to understanding the wellness wheel	It is a good program for health awareness
P2	Knowing that all of my aspects should be even	Ensuring I create a well environment + social aspects in their lives	The wheel	More detailed descriptions/ examples that are relatable/ steps to take to improve certain things	N/A
P3	The specific examples about each area of wellness	I will tell them about this and encourage them to use this tool	Hearing other participants share about their wellness	Nothing comes to mind. It was excellent	Shea was an excellent presenter. She is very knowledgeable about this topic and created a safe space to be

					honest. Shea is Non- Judgmental
P4	The understanding of the 7 dimensions of wellness	Share what I learned with my students	The coloring of the wheel and self-reporting	Confidence in the 7 dimensions of wellness, more examples of examples of each dimension transitions from each activity,	Overall great activities and discussion of topics
P5	Learned about all the wellness dimensions	Provide info if I notice they struggle in a section	How each of my categories works for myself	N/A	N/A

P6	Resources at USF	<p>Wil show info about resources</p> <p>Glad to hear about Kamal doing financial wellness workshops</p>	Reflection	<p>Written materials about USF resources you can take with you</p>	Nice balance of activities and snacks
P7	<p>The wellness wheel was awesome!</p> <p>Very informative!</p>	<p>To express that balance is essential in life in all aspects</p>	<p>Financial info given in UC building as a resource</p>	<p>No. I thought the materials were clearly laid out and presented well</p>	Great Job! J
P8	<p>Understanding that the dimensions of wellness are all connected and it's important to</p>	<p>I would probably use the method of communication that Shea used- she listened and</p>	<p>Connection with others and a sense of empowerment from learning this</p>	N/A	N/A

	nurture all of them	responded with helpful tips	material and sharing ideas		
P9	<p>- Reflecting on each of the dimensions in our own life</p> <p>- The simplicity was good</p>	<p>- I would share the wellness in our hands</p> <p>- I have more concrete language to discuss wellness</p>	<p>- The hand out</p> <p>- The small group environment (5 participants) made it comfortable and already knowing each other was a plus</p>	- More examples of wellness	- Great experience! I feel inspired!

Q1 Themes: Dimensions of wellness, Wellness wheel

Q2 Themes: Better knowledge and education of Wellness, Wellness wheel, Dimensions of wellness

Q3 Themes: The Wheel, Connecting with others, Reflection

Q4 Themes: More Resources/ more examples, no feedback/ nothing needs improvement

Q5 Themes: “Great job!”, No feedback/ nothing needs improvement

The next themes analyzed in this process were emergent themes. The emergent themes were words and phrases that appeared to fit in a category of themes. The common words that appeared the most often were “Learning” (19) and “The Wellness wheel” (11), while the themes that occurred least often were “Connection” (5) and “Reflection” (5). Further results indicated that there were 10 instances of “No Comments” in regard to either receiving feedback or giving further comments. This is indicative of the workshop being successful to student and faculty/staff learning.

Table 2 Emergent Themes.

Participant	Q1 What information did you find useful in this workshop?	Q2 How would you use the information presented to support your friends?	Q3 What activity did you find most useful in the workshop?	Q4 Do you have any suggestions or recommendations to improve the workshop?	Q5 Other comments
P1	The wellness wheel	To help them know what level they are at in	The wheel	The workshop is well organized and I feel more time be given to	It is a good program for health awareness

		their wellness wheel		understanding the wellness wheel	
P2	Knowing that all of my aspects should be even	Ensuring I create a well environment + social aspects in their lives	The wheel	More detailed descriptions/ examples that are relatable/ steps to take to improve certain things	N/A
P3	The specific examples about each area of wellness	I will tell them about this and encourage them to use this tool	Hearing other participants share about their wellness	Nothing comes to mind. It was excellent	Shea was an excellent presenter. She is very knowledgeable about this topic and created a safe space to be honest. Shea is Non- Judgmental

P4	The understanding of the 7 dimensions of wellness	Share what I learned with my students	The coloring of the wheel and self-reporting	Confidence in the 7 dimensions of wellness, more examples of examples of each dimension transitions from each activity,	Overall great activities and discussion of topics
P5	Learned about all the wellness dimensions	Provide info if I notice they struggle in a section	How each of my categories works for myself	N/A	N/A
P6	Resources at USF	<p>Wil show info about resources</p> <p>Glad to hear about Kamal doing financial wellness workshops</p>	Reflection	<p>Written materials about USF resources you can take with you</p>	Nice balance of activities and snacks

P7	The wellness wheel was awesome! Very informative!	To express that balance is essential in life in all aspects	Financial info given in UC building as a resource	No. I thought the materials were clearly laid out and presented well	Great Job! J
P8	Understanding that the dimensions of wellness are all connected and it's important to nurture all of them	I would probably use the method of communication that Shea used- she listened and responded with helpful tips	Connection with others and a sense of empowerment from learning this material and sharing ideas	N/A	N/A
P9	- Reflecting on each of the dimensions	- I would share the wellness	- The hand out	- More examples of wellness	- Great experience! I feel inspired!

	sions in our own life - The simplicity was good	ess hand outs - I have more concrete language to discuss wellness	- The small group environmen t (5 participants) made it comfortable and already knowing each other was a plus		
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Wheel= 11

Learning (word differently) = 19

Connection= 5

Reflection= 8

Quantitative analysis.

The quantitative analysis was done by averaging out the numerical feedback. This was done two ways; the total average score of feedback by each participant, and the average score of each question response per participant. The overall numerical rating for workshop effectiveness was 4.7 out of 5 (94%) and surveys indicated that the effectiveness of the one-on-one sessions was 100%. The one-on-one session results indicated that the vast majority of

students that attended were undergraduate students with five (83%) undergraduates, and one undergraduate student (16%). There were no faculty or staff participating in one-on-one sessions. While each participant attended sessions one time, one participant attended a follow-up session. Five out of six participants (83%) attended one workshop while one participant attended a follow-up (16%).

Discussion and implications.

Interpretation of Findings and Discussion. The results of this quality improvement project include the following:

1. The individuals who attended the Workshops were mostly Graduate students, and faculty/staff recruited by social media and email. In previous research, workshops were highly effective for educating students on specific health topics (Hager et al., 2012). Both the current program and the program in this article utilized activities and incentives such as prizes and snacks to get students to attend the workshops.
2. The individuals who attended one-on-one sessions were mostly undergrad students who were recruited at the wellness tabling events. This is not surprising because the tabling events piqued the undergrad students' attention. Similar to previous research, outreach methods of participant recruitment were important. Hill-Mey (2013) suggested that it is important to know the population before designing the program. In the current project, getting students attention had to be done with multiple methods (social media outreach, in-person tabling outreach, and emails). Having multiple methods was a significant factor in participant recruitment.
3. From the interview conducted with the RD, the goals in implementing the one-on-one and wellness sessions were achieved. A result that was consistent with the literature was that

financial wellness would be a significant area of improvement among students (Nelson et al., 2008). Additionally, the goals on educating individuals on wellness were achieved in the workshops. It appeared that many of the participants felt like they had learned a lot about the dimensions of wellness. Many of them learned the “value of dimensions of wellness” (Appendix A).

4. Both groups of students generally liked the workshops and the one-on-one sessions. However, each of them have a few barriers to improve upon. Initial recommendations from the pilot test (PDSA cycle 1) included providing a more entertaining activities, and discussing resources on campus that were intended for each dimension of wellness. The following two recommendations in PDSA cycle 2 were bringing a larger variety of snacks for incentives, and the facilitator becoming more confident in the information they were presenting. The project coordinator made the recommended changes. No further recommendations were made in PDSA cycle 3. The most prominent piece of feedback that the project coordinator received from the workshops was that there needed to be improvements on providing more resources for the participants on the dimensions of wellness. This feedback was delivered in PDSA cycle 4. The participants recommended that the project coordinator/ peer educator provide handouts on campus resources that reflect each dimension of wellness. The project coordinator/peer educator verbally educated participants on the campus resources (Appendix B) but did not provide a handout. If the workshops continue, the peer educator will provide physical handouts on campus wellness resources.

Implications for Practice.

Because the results of the individual sessions and group workshops were significantly different from each other, much has to be taken into consideration for implementing these

different methods of wellness education.(one-on-one versus workshops) It is plausible that the method of delivery impacted the types of individuals that showed up to the different methods of delivery. Graduate students preferred the workshop delivery method while undergraduate students preferred the one-on-one method.. One possible explanation is that undergraduate students could possibly prefer the personalized approach, and graduate students would prefer having the dimensions of wellness explained to them thoroughly in groups. Additionally, it is plausible that the methods of delivery were good for the specific demographic populations. The recruitment strategies used were online, emailed, through student portals and in person so it is possible that the project coordinator missed some methods of recruitment.

Most of the undergrad students identified as Generation Z and many of the Graduate students are Millennials, so the methods of delivery may have appealed to the different generations. Timing is another consideration for recruitment as well. Most of the one-on-one sessions were 30 minutes and done on Mondays, Wednesdays, and Thursdays from 3:00-4:00pm and the Wellness Workshops were generally on Tuesday and Thursday from 12:30- 1:30pm (with the exception of one 3:00-4:00pm timeslot). More participants attended 3:00-4:00pm than the other sessions.

Regarding participant feedback, many participants in the one-on-one sessions liked the experience of having the focus on them and the planning of the follow up steps for what area of wellness they would like to improve on. Many students mentioned that a barrier to this was the short amount of time the peer educator had to meet with them. With the wellness workshops, many participants enjoyed how interactive the workshop was, but also wanted more resources. With each PDSA cycle, the workshop took every piece of feedback into consideration, until the end of the workshops.

Recommendations. The first recommendation is to be more cautious when planning the timing and location of workshops. The day of the second workshop, the researcher was unaware that their workshop and a significant university-wide event were scheduled at identical times. Another recommendation would be to shorten the duration of the workshops to 45 minutes to avoid overwhelming students with lots of information. Also, providing a handout list of referrals on the dimensions of wellness and specific campus resources could help with encouraging participants to focus on their specific dimensions of wellness. Overall, if this workshop continues, future Peer Health Educators should adhere to the recommendations above to ensure the quality of the workshops make further improvements.

Limitations. One of the limitations was that recruiting participants for the workshops and one-on-one sessions was extremely difficult due to scheduling issues. Another barrier was the location of the workshops as they were not commonly or easily accessible. As a result, many students either got lost on the way to the room, or just did not want to access the top floor of the building. The final barrier to the success of recruitment was a communication issue between staff in terms of promoting the workshops as flyers and messages were posted either too late or too early. There are several ways to correct these limitations.

Participant recruitment may be difficult to correct but it is not impossible. Participant recruitment is a constant trial and error and as time progresses, accessibility to participants will change. Keeping up with social media trends is important in terms of reaching younger demographics, so the way to address this barrier is to keep up with societal changes in outreach. Additionally, sending calendar invites as reminders to attend workshops is another way to fix the barrier. This worked well with one-on-one sessions. With location, moving the location would be the most ideal and simple way to correct this barrier. Spaces fill up fast so planning workshops

earlier in advance is key to attaining an ideal location for workshops to be held. Lastly, the barrier of communication can be addressed by being more specific with communication. Saying “I need this message out by ____ day” in advance and sending out a calendar invite as a reminder could help with increasing communication. If these barriers are decreased then it is possible that the workshops will continue to improve.

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Appendix A

Charts Tables

Table 1.

Participant	R1	R2	R3	R4	R5	Average
1	5	5	5	5	5	5
2	5	4	4	4	5	4.4
3	5	5	5	5	5	5
4	4	4	5	5	5	4.6
5	4	5	5	3	4	4.2
6	4	4	4	4	4	4
7	5	5	5	5	5	5
8	5	5	5	5	5	5
9	5	5	5	5	5	5
	4.666666667	4.666666667	4.777777778	4.428571429	4.777777778	4.688888889

Table 2.

Student	Academic level	times attended 1 on 1	dimensions of wellness attended to	Method of recruitment	Follow up?
S1	Undergraduate	1	Intellectual	Self	No
S2	Undergraduate	1	financial	tabling	No
S3	Graduate	1	financial	email	No
S4	Undergraduate	1	social	tabling	No
S5	Undergraduate	1	financial, physical	tabling	No
S6	Undergraduate	2	Social, Emotional	tabling	Yes

Appendix B

Wellness Workshop Materials

**Workshop/Presentation Evaluation**

Setting (class, club, residence, other

Date (M/D/Y)

Staff/ Peer Educator (s)

Dear participant: In order to better assist us in planning future workshops/ programs/ presentations, please take a few minutes to complete this evaluation.

Please circle the number that best describe your opinion:

Presenter (S):	Poor				Excellent
Knowledge of topic	1	2	3	4	5
Presentation skills	1	2	3	4	5
Information presented	1	2	3	4	5
Format used	1	2	3	4	5
Total effectiveness of program	1	2	3	4	5

What new information did you learn today?

Did we clear any misconceptions or myths about ?

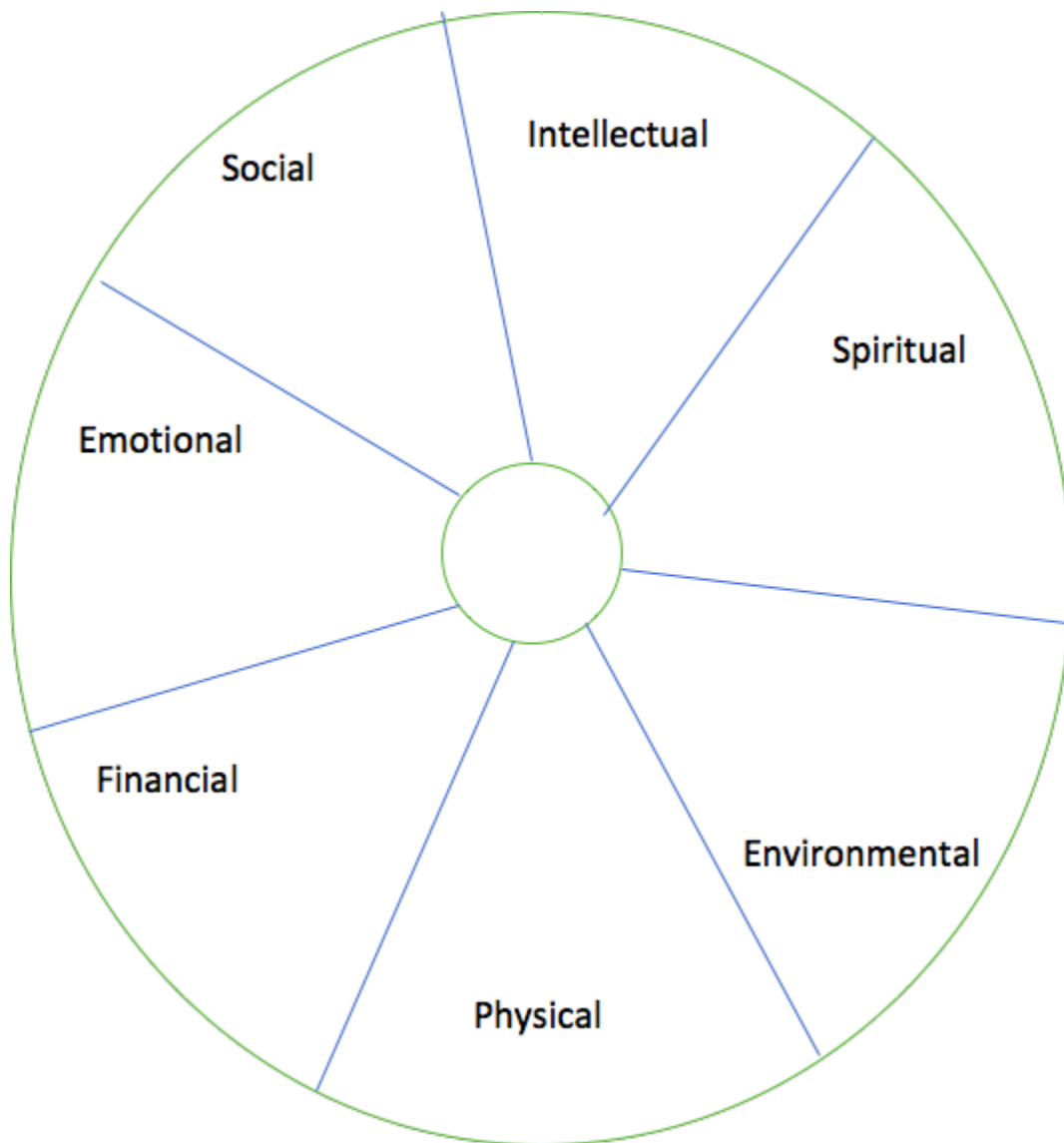
Does the presented information prepare you to support your friends or acquaintances?

What did you find the most useful today?

What would you change about the workshop/presentation?

Other comments

Topic	The 7 dimensions of wellness
Duration	60 minutes
Objectives	<ol style="list-style-type: none"> 1. To better understand the 7 dimensions of wellness 2. How paying attention to each dimension is extremely important in stress relief. 3. To identify how the different dimensions of wellness impact each other.
Materials	Spinning wellness wheel, food, wellness wheel papers (non-colored), Specific wellness dimension papers, colored pencils/markers, feedback forms.
Introduction 12:00- 12:15	<p>What are the dimensions of wellness?</p> <ol style="list-style-type: none"> 1. Ice breaker: What brings you joy in life (share with everyone)? Ask names, academic program, gender pronoun. 2. Feeling joy is an aspect of spiritual wellness!
Body 12:15-12:45	<p>Are your dimensions of wellness balanced?</p> <ol style="list-style-type: none"> 1. Wellness coloring activity: What are your perceived dimensions balanced? 2. Activity 2: What are your true dimensions of wellness? 3. Discussion on results of coloring activity 4. Explain the 7 dimensions with a spinning wellness wheel 5. Physical wellness- Koret, intramural sports 6. Emotional wellness- CAPS 7. Social Wellness- 81% of students feel like they don't belong, student organizations 8. Financial wellness- HPS financial wellness sessions 9. Intellectual wellness- Tutoring, academic advising, CASA 10. Environmental wellness- Cigarette cleanup, smoking cessation on campus 11. Have students color in the dimensions of wellness, focusing on what dimension they have the most and least of and have them share why 12. Ask questions on thoughts of dimensions of wellness. Educate students 13. Spiritual wellness- Sense of purpose
Wrap up 12:45-1:00	<p>Feedback!</p> <ul style="list-style-type: none"> - Distribute feedback forms <p>Questions?</p>



Wellness Matters

Your physical health isn't the only part to wellness!



@usfhps

Want to decrease stress and increase focus?

Join us on April 30th from 3:00-4:00pm in UC 501
for a Wellness Workshop

Wellness Workshop!
Room 503
3:00-4:00



Appendix C

Needs Assessment

Needs Assessment Questions

1. What would you say is the most prominent concern regarding student wellness?
 - Financial wellness (
 - Emotional
 - Social (80% of students don't feel like they belong)
 - (Reason: CAPS has a long waitlist)
2. How would you describe students' perceptions of wellness?
 - Physical and some emotional
3. What would you say the students' level of understanding is on the 8 dimensions of wellness?
 - They don't know much besides just physical and emotional
4. What dimensions of wellness do you think the students tend to focus on the most?
 - Physical
5. Which areas of wellness do you think the students need the least amount of attention?
 - Intellectual and Physical
6. What is the best way to reach out to students in on-campus housing for participation in the wellness workshops?
 - Word of mouth
 - Talk to CAPS promote my program and one on one
 - Talk to CASA
 - Timing is important
7. What would be an ideal time of day to conduct the workshops?
 - Dead hour because many students don't have classes during this time
8. What would be the best location to conduct the workshops?